



# KS StateBank Credit Application

KS StateBank NMLS ID: 410602

Loan Officer Name: \_\_\_\_\_ NMLS ID: \_\_\_\_\_

**IMPORTANT: Please read these directions before completing this Application, and mark the appropriate box below.**

- If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- If you are applying for joint credit with another person, complete all Sections except E, providing information in Section B about the joint applicant. If the requested credit is to be secured, then complete Section E.

WE INTEND TO APPLY FOR JOINT CREDIT      APPLICANT: \_\_\_\_\_      CO-APPLICANT: \_\_\_\_\_

- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in Section B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT REQUESTED \$ _____	PROCEEDS OF CREDIT TO BE USED FOR _____
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**SECTION A – INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First Middle)				BIRTH DATE		HOME PHONE		BUSINESS PHONE		EXT.		
IF U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NUMBER		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY NUMBER OR TAX ID NUMBER				
	STATE ID CARD NUMBER		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		OTHER (MILITARY, TRIBAL ID, ETC.)				
IF NON U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NUMBER	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY OR TAX ID NUMBER		STATE ID NUMBER	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION
	PASSPORT NUMBER AND COUNTRY OF ISSUANCE		INDIVIDUAL TAXPAYER ID NUMBER		NO TAXPAYER ID NUMBER, BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:		GOVERNMENT ISSUED DOCUMENT NUMBER AND COUNTRY OF ISSUANCE:		OTHER			
PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State & ZIP) OR; IF MILITARY, APO OR FPO ADDRESS OR; IF N/A, NEXT OF KIN OR FRIEND										HOW LONG AT PRESENT ADDRESS?		
PREVIOUS ADDRESS (Street, City, State & ZIP)						HOW LONG AT PREVIOUS ADDRESS		EMAIL ADDRESS				
PRESENT EMPLOYER (Company Name & Address)			OCCUPATION	POSITION OR TITLE		HOW LONG WITH PRESENT EMPLOYER?						
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG WITH PREVIOUS EMPLOYER?				
YOUR PRESENT GROSS SALARY OR COMMISSION			NUMBER OF DEPENDENTS			AGES OF DEPENDENTS						
\$ _____ PER												
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.												
Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding												
OTHER INCOME (TOTAL)			SOURCES OF OTHER INCOME (Retirement, Social Security, Alimony, Child Support, or Separate Maintenance, etc.)									
\$ _____ PER												
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU							RELATIONSHIP		PHONE NUMBER (Include Area Code)			

**SECTION B – INFORMATION REGARDING JOINT APPLICANT OR ANOTHER PARTY (Use separate sheets if necessary.)**

FULL NAME (Last, First Middle)				BIRTH DATE		HOME PHONE		BUSINESS PHONE		EXT.		
IF U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NUMBER		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY # OR TAX ID NUMBER				
	STATE ID CARD NUMBER		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		OTHER (MILITARY, TRIBAL ID, ETC.)				
IF NON U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NUMBER	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY OR TAX ID NUMBER		STATE ID NUMBER	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION
	PASSPORT NUMBER AND COUNTRY OF ISSUANCE		INDIVIDUAL TAXPAYER ID NUMBER		NO TAXPAYER ID NUMBER, BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:		GOVERNMENT ISSUED DOCUMENT NUMBER AND COUNTRY OF ISSUANCE:		OTHER			



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PREVIOUS ADDRESS (Street, City, State & ZIP)		HOW LONG AT PREVIOUS ADDRESS	EMAIL ADDRESS	
PRESENT EMPLOYER (Company Name & Address)	OCCUPATION	POSITION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	
PREVIOUS EMPLOYER (Company Name & Address)			HOW LONG WITH PREVIOUS EMPLOYER?	
YOUR PRESENT GROSS SALARY OR COMMISSION	NUMBER OF DEPENDENTS	AGES OF DEPENDENTS		
\$ _____ PER				
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
OTHER INCOME (TOTAL)	SOURCES OF OTHER INCOME (Retirement, Social Security, Alimony, Child Support, or Separate Maintenance, etc.)			
\$ _____ PER				
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	PHONE NUMBER (Include Area Code)

**SECTION C – MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)**

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, widowed, civil union, domestic partnership, or registered reciprocal beneficiary relationship)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, widowed, civil union, domestic partnership, or registered reciprocal beneficiary relationship)

**SECTION D – ASSET AND DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and the Joint Applicant or Other Person. Please mark Applicant-related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAMES OF OWNERS
CASH (Checking, Savings, Money Market, CD, Mutual Fund, Retirement, etc)	\$ _____		
AUTOMOBILES (Make, Model, Year)			
1. _____			
2. _____			
3. _____			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE - Location, Date Acquired, & Occupancy (PR, SH, IP)			
1. _____			
2. _____			
3. _____			
MARKETABLE SECURITIES (Issuer, Type, # of Shares)			
OTHER (List)			
TOTAL ASSETS	\$ _____		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		Omit rent \$ _____	Omit Rent \$ _____	\$ _____	
TOTAL DEBTS			\$ _____	\$ _____	\$ _____	

CREDIT REFERENCES (Paid off Accounts)				DATE PAID OFF
			\$ _____	



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HOME OWNERS INSURANCE AGENT: (Name & Address)	
AUTO INSURANCE AGENT: (Name & Address)	
Are you the co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes – For Whom? _____ To Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Amount Owed? _____ If Yes, To Whom Owed?
Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a pre-foreclosure sale or short sale in the past 7 years (the property was sold to a 3 <sup>rd</sup> party & lender agreed to accept less than mortgage balance due)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had property foreclosed upon in the last 7 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been declared bankrupt in the last 7 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes – For Where? _____ Year?
Did you (or your deceased spouse) ever serve, or are currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <input type="checkbox"/> Currently Active Duty w/projected expiration date of service/tour _____ <input type="checkbox"/> Currently retired, discharged, or separated from service <input type="checkbox"/> Only service was non-activated member - Reserve/National Guard <input type="checkbox"/> Surviving Spouse

**SECTION E – SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:**

PROPERTY DESCRIPTION

NAMES AND ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

**CREDIT DISCLOSURES:** An insurance product or annuity may be offered to you. If you purchase an insurance product or annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of the Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered, we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

**SIGNATURES**

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me.	Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.
APPLICANT'S SIGNATURE	OTHER SIGNATURE (WHERE APPLICABLE)
DATE	DATE
X	X



## FACTS

### WHAT DOES KS STATEBANK DO WITH YOUR PERSONAL INFORMATION?

#### Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

#### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number
- Income
- Account balances
- Payment history
- Checking account information
- Wire transfer instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

#### How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons KS StateBank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does KS StateBank share?	Can you limit this sharing?
<b>For our everyday business purposes</b> - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> - to offer our products and services to you	No	We don't share
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> - information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes</b> - information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

#### Questions?

Call toll-free at 800-588-6805 or visit us online at [ksstate.bank](http://ksstate.bank).

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<b>What We Do</b>	
<b>How does KS StateBank protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.
<b>How does KS StateBank collect my personal information?</b>	We collect your personal information, for example, when you: <ul style="list-style-type: none"> <li>• Open an account</li> <li>• Apply for a loan</li> <li>• Provide account information</li> <li>• Give us your contact information</li> <li>• Show us your driver's license</li> </ul> We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only: <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes - information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing.

<b>Definitions</b>	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none"> <li>• <i>KS StateBank does not share with our affiliates.</i></li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and non-financial companies. <ul style="list-style-type: none"> <li>• <i>KS StateBank does not share with nonaffiliates so they can market to you.</i></li> </ul>
<b>Joint Marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>• <i>KS StateBank doesn't jointly market.</i></li> </ul>

**Other Important Information**

This notice is available at any time at [ksstate.bank](http://ksstate.bank) or by calling 800-588-6805.